

FILED JAN 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43338

5607

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Mo		c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belton		0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital				d. STREET ADDRESS (If rural, give location) 606 Baldwin			
3. NAME OF DECEASED (Type or Print) a. (First) Jesse. Frank			b. (Middle) McGuire			c. (Last) McGuire	
4. DATE OF DEATH		(Month) 12		(Day) 23		(Year) 55	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 1 WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-12-1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Penn		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William McGuire			13b. MOTHER'S MAIDEN NAME Jewell			14. NAME OF HUSBAND OR WIFE Mary Jane McGuire	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 209-03-9156		17. INFORMANT'S SIGNATURE OR NAME Mrs. Vergil Averett			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial Sclerosis				INTERVAL BETWEEN ONSET AND DEATH 5 yrs.			
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion				2 days			
DUE TO (c) Alcoholic				4201			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				10 yrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 12-20, 1955, to 12-23, 1955, that I last saw the deceased alive on 12-23, 1955, and that death occurred at 12:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Quintos W. Wilson (Degree or title) D.O.				23b. ADDRESS 409 W. Indiana		23c. DATE SIGNED 12-23-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/23/1955		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		24d. LOCATION (City, town, or county) (State) Indiana, Penn.	
DATE REC'D BY LOCAL REG. 12-24-55		REGISTRAR'S SIGNATURE neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE R.E. George & Sons		ADDRESS Belton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Nov 1 - 7483

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard E. George

Licensed Embalmer No. 3958

P. O. Address Boston, Ma

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.